DOCUMENT# P93000033311 Entity Name: PEDIATRIC EMERGENCY PHYSICIANS OF ST. PETERSBURG, P.A.

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5870 NORTH HIATUS ROAD, SUITE 200 TAMARAC, FL 33321

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE400 ATTN: LEGAL DEPT. KNOXVILLE, TN 37919 US

FEI Number: 65-0410357

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| | Title | PSTD | Title | AS |
|--|-----------------|--|-----------------|--|
| | Name | SCHWARTZ, STEVE MD | Name | STAIR, JOHN |
| | Address | 5870 NORTH HIATUS ROAD, SUITE 200 | Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 |
| | City-State-Zip: | TAMARAC FL 33321 | City-State-Zip: | KNOXVILLE TN 37919 |
| | Title | AT | | |
| | Name | BARRACK, JOHN | | |
| | Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 | | |
| | City-State-Zip: | KNOXVILLE TN 37919 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN STAIR

ASSISTANT SECRETARY 04/19/2018

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Apr 19, 2018 Secretary of State CC7193855418

Date